



MISSOURI SECRETARY OF STATE  
**APPLICATION FOR  
COMMISSION AS A NOTARY PUBLIC**

MATT BLUNT, SECRETARY OF STATE  
COMMISSIONS  
PO BOX 784  
JEFFERSON CITY, MISSOURI 65102  
(573) 751-2783

**PLEASE PRINT OR TYPE THIS APPLICATION (instructions are printed on the back of this form and in the Notary Handbook)**

SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH (MONTH/DAY/YEAR)	TODAY'S DATE	DAYTIME PHONE
NAME (AS YOU WANT IT TO APPEAR ON YOUR COMMISSION)			
RESIDENCE (IF PO BOX, ALSO INDICATE STREET ADDRESS)		CITY, STATE, ZIP	
COUNTY OF RESIDENCE (SEE INSTRUCTIONS)	PRECINCT	TOWNSHIP OR WARD	
EMPLOYER (COMPANY NAME)			
EMPLOYER STREET ADDRESS		CITY, STATE, ZIP	
HAVE YOU EVER BEEN ISSUED A COMMISSION AS A MISSOURI NOTARY PUBLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE "A" AND "B")	A. IF YES, LIST COMMISSION EXPIRATION DATE		B. NAME UNDER WHICH PREVIOUS COMMISSION WAS ISSUED

**APPLICANT: PLEASE RESPOND TO THE FOLLOWING STATEMENTS**

**YES NO**

1. I am at least eighteen years of age ..... ☐ YES ☐ NO
2. I am a registered voter of the county for which I have applied to be commissioned; or a permanent resident alien ..... ☐ YES ☐ NO  
(Section 245, Immigration and Nationality Act. Attach a copy of your green card)
3. I have a residence address in the county within and for which I have requested to be commissioned ..... ☐ YES ☐ NO
4. I can read and write the English language ..... ☐ YES ☐ NO
5. I have been refused a commission as a notary public or had a commission revoked ..... ☐ YES ☐ NO  
(If YES, attach a separate letter indicating reason and date.)
6. I have been convicted of or pleaded guilty or nolo contendere to any felony involving fraud, misrepresentation or theft ..... ☐ YES ☐ NO  
(If YES, attach a list of such convictions or pleas of guilty or nolo contendere.)
7. I have read the Missouri Notary Public Handbook and am familiar with the provisions of the law and the duties of a Notary Public ..... ☐ YES ☐ NO

**ENDORSERS' STATEMENTS**

I, \_\_\_\_\_ **A REGISTERED VOTER OF THIS STATE**  
and \_\_\_\_\_ county, believe to the best of my knowledge, the  
applicant is a person of good moral character and integrity and capable of  
performing notarial acts.

\_\_\_\_\_  
ENDORSER'S SIGNATURE

\_\_\_\_\_  
ENDORSER'S RESIDENCE ADDRESS

\_\_\_\_\_  
CITY, COUNTY, STATE AND ZIP

\_\_\_\_\_  
TOWNSHIP OR WARD PRECINCT NAME NUMBER

I, \_\_\_\_\_ **A REGISTERED VOTER OF THIS STATE**  
and \_\_\_\_\_ county, believe to the best of my knowledge, the  
applicant is a person of good moral character and integrity and capable of  
performing notarial acts.

\_\_\_\_\_  
ENDORSER'S SIGNATURE

\_\_\_\_\_  
ENDORSER'S RESIDENCE ADDRESS

\_\_\_\_\_  
CITY, COUNTY, STATE AND ZIP

\_\_\_\_\_  
TOWNSHIP OR WARD PRECINCT NAME NUMBER

**TO THE SECRETARY OF STATE**

I, the person named above, do swear, under penalty of perjury, that the answers to all questions on this application are true and complete to the best of my knowledge and that I am qualified to be appointed and commissioned as a notary public.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (MUST APPEAR EXACTLY AS STATED ABOVE)

**PAYMENT**

☐ \$25 Check or Money Order Enclosed (Payable to Director of Revenue)

Credit Card ☐ Master Card ☐ VISA

NAME AS IT APPEARS ON CARD

EXPIRATION DATE

CARD NUMBER (16 Digits)

SIGNATURE

**Social Security Number** - Please print or type your federal social security number. This number is used to catalog notaries public in the secretary of state's computer files.

**Date of Birth** - Please provide your birth date in numerals: day/month/year. This is to confirm that applicants are at least eighteen years of age.

**Today's Date** - Print or type the date on which you are completing the application.

**Name** - You should print or type your legal name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.

**Daytime Phone** - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 4:30 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.

**Residence Address** - Please provide the address at which you reside. If your mail goes to a post office box, please include a street address after the PO Box number. Also give the city, state and zip code.

**County of Residence** - Please indicate the county in which you legally reside and are registered to vote, even if you work in a different county. You are commissioned for the county in which you live, but you are able to notarize anywhere in the state of Missouri. \*If you reside in St. Louis City, please put St. Louis City in the county blank.

**Township or Ward** - If you are a registered voter in an area which has a township or ward, please provide that name or number in this blank.

**Precinct** - If you are a registered voter in an area which has a precinct, please provide that name and/or number in this blank.

**Employer** - Your employer's name is requested should we need to contact you during working hours. If unemployed, please enter "N/A" or enter "Self-employed" if you own your own business.

**Yes or No** - Please indicate whether or not you have previously been a notary in Missouri.

If YES - Provide the date on which that commission expires(ed).

Give the name under which the previous commission was issued.

**Yes or No** - Please READ CAREFULLY AND ANSWER CORRECTLY the eight questions listed on this portion of the application.

You are required by law to have two endorsers on your application who are REGISTERED VOTERS IN THE STATE OF MISSOURI Your endorsers must show where they reside and are registered to vote.

This space is for the county name where your endorsers reside and are registered to vote.

**Complete the form** by adding your signature in the same name style you indicated on the second line of the form. We can only accept original signatures - photocopied signatures will be rejected.